was advised to bring his wife to the dispensary as without examining the patient it would not have been proper for the doctor to give medicines.

Also some complaints have been received against some officers/officials working at CGHS dispensary Gurgaon. In this connection, an Enquiry Committee has been constituted in Dte. GHS to look into complaints and furnish a report. Further, action will be taken on receipt of the report of the Enquiry Committee.

Deficiency of Doctors in Rural Health Schemes

2671. SHRI URKAHO GWRA BRAHMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any policy and action have been initiated by Government so far to activate all primary, community or public health centres of the country are envisaged in the National Rural Health Mission;

(b) whether there is any policy from Government to remove the crisis of doctors and staff in Rural Health Centres which is the prime cause of deteriorating rural health scenario today; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. Under National Rural Health Mission (NRHM), it is proposed to upgrade Primary Health Centres (PHCs) for providing 24 hours delivery and newborn care and mainstreaming of AYUSH on the basis of felt need in a phased manner. The Community Health Centres (CHCs) are to be upgraded First Referral Units (FRUs) and Indian Public Health Standards (IPHS). All Sub-centres have been provided with an united fund @ Rs. 10,000/- per annum for meeting in the local needs. It is also proposed to strengthen these existing Sub-centres.

(b) and (c) The Government of India has set up a Task Force on Medical Education to *inter-alia* look into this problem. A number of States have taken various initiatives such as compulsory rural/difficult area posting for admission to post-graduate courses and as a pre-requisite for promotion, compulsory rotation of doctors on completion of prescribed tenure as per classification of locations, contractual appointment of doctors; offering

incentive in the form of allowance etc. to ensure their presence in rural areas.

Regulation of Clinical Research

2672. DR. T. SUBBARAMI REDDY:
DR. KARAN SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether international scientific journals recently raised doubts on credibility of certain drug research work in India;

(b) whether his Ministry is taking steps to regulate clinical research.

(c) if so, whether Government have set up a Central Drug Standard Control Organisation under Drug Controller General of India for the purpose;

(d) whether Government have contacted a panel of regulators mostly eminent doctors and researchers to inspect the research sites in their zones; and

(e) if so, to what extent these steps will be helpful to regulate clinical research?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Certain country specific issues such as lack of clear regulatory norms and intellectual property right issues were earlier considered barriers to global clinical research development in India. Now, regulations for conducting clinical trials in the country have been prescribed under Rules-122DA-122E & Schedule-Y to the Drugs and Cosmetics Rules, 1945.

Good Clinical Practices (GCP), an ethical and scientific quality standard for designing and conducting and recording trials data etc. has been published in 2001. Ethical guidelines for conducting human trials have also been published by Indian Council of Medical Research (ICMR) in 2000.

In the past clinical trials in India, pertaining to totally new molecules have been very miniscule. However, this trend is now changing and the numbers of multicentric global clinical trials in India is expected to increase.